

DEPARTMENT POLICY

All Programs

Local office management resources should be invested in case reading activities.

This includes:

- Selecting the case.
- Completing the review.
- Documenting and communicating the findings.
- Monitoring and following up.
- Planning corrective actions.

Overview

A process analysis approach to case reading focuses on systems, policy and procedures in an effort to prevent errors rather than just correct them.

Case readings collect information to improve the accuracy and efficiency of program management and the delivery of services. First and second-line managers, quality analysts, lead workers and other designated local office staff may conduct the readings.

Case Review

The case review may be either a **general, specific** or **targeted** read. A general read is a review of all eligibility factors for the program(s) read. A specific read is a review of a limited number of eligibility factors identified for a predetermined reason. A targeted read is a review of a limited number of eligibility factors identified by central office for a predetermined reason.

The local office determines the need for evaluation and selects the cases for a general or specific read. Process analysis, accuracy of policy implementation, a special project, worker experience, or other reasons may prompt a review.

Selection of Cases

Depending on the reason for the review, cases are selected at random using one of the sources listed below. Cases are selected randomly by allowing each case an equal chance to be selected. For example, if you are selecting four cases from the RD-093 that lists 20 cases, you could pull every fifth case listed on the report.

- computer-generated reports - list cases with certain identifying characteristics
 - AL-030 - earned income, automated recoupment, unearned income, etc.
 - RD-093 - redeterminations.
 - MH-132 - approvals and denials.
 - DL-030 - child support rebates.
 - AA-712 - age and school attendance.
 - UB-120 - wage match.
 - HR-070 - SSI information.
 - ED-030 - RSDI information.
 - UB-141 - Unemployment benefits match.
- Special Run Reports - used for special projects.
- Case Actions - based on the experience of specialists. (See the Personnel and Professional Development (AHP) manual Item 692-0, Guidelines for Performance Evaluation - AP Worker 06, 07, 08 General Information.)

How To Read a Case

A case is reviewed by comparing the actions taken by the specialist to the verification and documentation in the record and determining whether policy was correctly applied in a timely manner.

Use form DHS-4331, Assistance Payments Case Reading, to record and communicate the findings. Check the factors listed on the DHS-4331 to determine that all necessary actions were taken. Use the comment section to inform the specialist of any required action and the reason. Post a follow-up for any action to be completed. The comment section is also used to give positive feedback.

For some actions, oral communication with the specialist promotes better understanding and offers an opportunity to solicit suggestions for improving systems and processes.

Use the Case Reading Guide (EXHIBIT I) with the DHS-4331 for consistency in the way factors are reviewed. The guide asks questions for each factor listed on the DSS-4331. Instructions for the DHS-4331 are in the Reference Forms & Publications (RFF) manual.

Data Evaluation

The information from case reading may be used to identify unmet needs in programs and areas of policy. Local office staff should decide whether policy clarification, policy revision, local office procedural changes or training is appropriate to pursue.

General case reading data may also be compiled, summarized and reported upwards. However, a roll-up of case reading data cannot be assumed to be statistically valid due to issues such as lack of a random sample, managers using different selection criteria, and managers using different case reading methods. Targeted case readings may be designed to avoid these problems, through careful planning.

INTRODUCTION

The case reading guide is intended to help achieve consistency in the way cases are read. The questions are designed to lead the reader to correct case reading results.

The case reading guide, along with the DHS-4331, Assistance Payments Case Reading, is a tool to help identify error-prone areas that might require further attention. It is not intended to cover all specific policy situations and exceptions. Likewise, all questions do not apply to every program.

A secondary use of this guide is as a self-assessment tool. DHS specialists can use the guide to see whether required case actions were taken.

EXHIBIT - INSTRUCTIONS

If the question does not apply to the case/program/case action, skip the question.

If all questions are answered yes or left blank, no action is required.

A “no” answer to any question in the guide means that some action is required. The required action could be documentation, verifica-

tion, correct application of policy, clarification of inconsistencies, correct computation of a budget, etc.

Instructions for completing the DHS-4331, Assistance Payments Case Reading, can be found in the RFF, Reference Forms & Publications Manual.

A. GENERAL FACTORS

1) Registration/ Application/ Identity

BEM 221, BAM 110, BAM 115, RFF REFERENCE FORMS & PUBLICATIONS - DHS-1171

- Is the application signed by the client/representative? Is the application signed by the client's spouse and other adult group members in the home, if physically able?
- Is/Are the signature(s) witnessed?
- Has the identity of the group members been verified?
- Is the application appropriately coded, documented and certified?
- Is the application registered timely with the proper date and program code?
- Were the registered programs appropriately disposed of within the SOP?

2) Expedited Food Assistance

BAM 110, BAM 117

- If the household met one of the four conditions for expedited services, was the application registered correctly?
- If expedited food assistance was issued, did the group provide the minimum verification required (identity)?

- If the household was eligible for expedited food assistance, were the benefits available to the client within seven calendar days after the application date?

3) Authorized Representative

BAM 110

- Is the most recent FAP authorized representative who purchases food for the client currently on CIMS?

4) Client Notification Letter(S)

BAM 115, RFF FORMS & PUBLICATIONS - DHS-176, DHS-1150, DHS-417, DHS-114A, RFF-4598, DSS-4660, LOA2 & CIMS NOTICES, SOCIAL CONTRACT, ETC.

- Were all appropriate notices sent?
- Were the notices completed with manual items, dates, signatures and specific messages where required?

5) CIMS Coding

BEM 164, 165 AND 545 (MA) BAM 903, SIC CODES & SIE EDITS

- Is the coding consistent with the case record information?

6) Receipt of Benefits

BEM 110-156 BEM 222, 547, 554 BAM 110-115, 200, 220, 400, 405, 406, 705, 710, 715, 720, 725

- Were known changes acted on in a timely manner?
- Were reported changes reflected in the budget, supplemented or recouped appropriately?
- Were the initial benefits issued for the correct period?
- Is the MA eligibility begin date correct?
- If MA was authorized for a month prior to the month for which the first FIP payment was made, was an MA-only or MA-FAP-only eligibility determination made?

- Has receipt of benefits from other programs (FIP, FAP and SDA in the same period, out-of-state, etc.) been checked, to avoid concurrent receipt of benefits?
- Are the begin and end dates for the level of care correct?
- Are the begin and end dates for the patient-pay amount correct?
 - If this is an active deductible case, are the begin and end dates for the deductible amount correct?

7) Pursuit of Benefits

BEM 125, 126, 129, 131, 164, 165, 255, 256, 257, BAM 110, 220, 270

- Has the group pursued all potential benefits as required? (RSDI, workers compensation, UCB, etc.)
- If the case indicates another responsible party (absent parent/spouse, insurance company, worker's compensation etc.) has a DCH-1354A been completed? If yes, is CIMS coded for Third Party Liability?
- At FIP closure or denial, was eligibility for other MA programs (TMA, Special N/Support, Healthy Kids and the Newborn Category, etc.) explored?
- If the case contains a pregnant woman or a child, was eligibility under the Healthy Kids categories properly determined?
- If the case contains a pregnant woman and she is not eligible for Healthy Kids For Pregnant Women, (BEM 125) was eligibility under Group 2 Pregnant Women (BEM 126) properly determined?
- For aged, blind and disabled MA applicants or recipients, was eligibility for QMB, limited QMB and Extended Care properly determined?
- If the case contains a disabled, employed person, was eligibility for Freedom to Work properly determined?

**B. HOUSEHOLD
COMPOSITION****1) Relationship****BEM 215**

- If the relationship of each person is not listed on page 3 of the DHS-1171, is it documented elsewhere?
- Were questionable relationships verified?
- Are all FIP eligible children living with a specified relative or the relative's spouse?

**2) Living
Arrangement****BEM 210, 211, 212, 215, 250**

- Was the presence of the FIP eligible child(ren) verified?
- Was the absence of a parent(s) verified?
- Is it verified that a residential facility placement was temporary, if claimed? Were other questionable absences verified as temporary?

**3) Group
Composition****BEM 210, 211, 212, 213, SIC Codes**

- Are all mandatory members included in the applicant group, except those who are disqualified or do not meet a nonfinancial eligibility factor?
- If there is a disqualified member in the home, is the reason documented in the case and the correct coding on CIMS?
- If a disqualification period has ended and the disqualified person has complied with procedural requirements, was the appropriate action taken to add the member to the eligible group?
- Do persons listed on the DHS-1171 who are not included in the FAP group purchase and prepare food separately? (This does not include those who meet the criteria for a senior impaired group.)

- If the household meets the special criteria for separate FAP groups, were the groups determined correctly and the right certification period assigned? (The LO2 FAP group composition software may be used.)
- If all FAP group members are recipients of FIP, SA, and/or SSI, has categorical eligibility been correctly determined and coded on LOA2 and CIMS?

C. NONFINANCIAL FACTORS

1) Age and School Attendance

AGE - BEM 240

- Is the age requirement met for each recipient included in the eligible group?
- Is each 18-year-old child included in the FIP group a full-time high school student expected to graduate by age 19?
- Was MA eligibility pursued for all applicants under 21 and age 65 or older?

School Attendance - BEM 245

- Is each child 16 or over a full-time student or a Work First registrant? (FIP)
- Do all food assistance recipients age 18-49, attending post-secondary education, meet student status criteria?

2) Residence/ Citizenship/ Alien Status

BEM 220, 225, 226

- Are all eligible members residents of Michigan?
- Do all eligible members intend to remain in Michigan? (Does not apply to FAP, migrants and certain MA programs.)
- Does each eligible group member have US citizenship or acceptable alien status?

3) Work Registration/ Participation

BEM 229, 230A, 230B, 230C, 233A, 233B, 233C.

- Do all mandatory clients have the appropriate employment code on ASSIST/CIMS?
- Are all deferrals correctly verified and documented using forms similar to the following:
 - DHS-22, Assessment For a Special Needs Child.
 - DHS-26, Daily Schedule, Special Needs Child/Spouse.
- Were mandatory registrants referred to Work First using the DHS-2439, Work First Referral, or were clients referred to another employment-related contractor?
- Does the case contain the appropriate DHS-4783A and DHS-4783, Personal Responsibility Plan and Family Contract (Parts I and II)?
- If the case contains any act of noncompliance does it contain the following forms:
 - DHS-2444, Notice of Employment-Related Noncompliance.
 - DHS-71, Good Cause Determination.

4) Support (Child And Spouse)

BEM 255, 256

- Have the appropriate referrals been submitted?
- Have any support disqualifications been processed and coded correctly on CIMS?

5) Enumeration

BEM 235

- Does each recipient in the group have a verified SSN on CMS (special attention to newborns added to FIP case)? Before the first redetermination, a current SS-5 or other verification of application for SSN in the case record is sufficient.

- Has every person for whom cooperation with the enumeration process is refused been disqualified?
- If application for a SSN was made at another agency (SSA or a hospital), did the specialist follow up at redetermination?

**6) Disability/
Blindness
(MA, SDA)**

BEM 260, 261, BAM 815

- Has the eligible member's disability been verified?
- Have the proper referrals been made? (e.g., SSA, MRS, etc.)

D. ASSETS

BEM 400, 401, 402, 405, 405(A), 406, RFF Forms & Publications, DHS-1171

- Was the value of reported assets consistent with other case documents, such as DHS-1171, MRS forms, SOS, IRS match? If no, were inconsistencies clarified and documented?
- Was the disposition of any asset documented and was divestment considered?
- Were any lump sum or accumulated benefits, not counted as income, evaluated as assets?
- If there is a responsible relative in the home, was an asset test done?
- If the month being tested is an L/H month, have the special MA asset rules in BEM item 402 been applied, if appropriate?
- Were all assets evaluated, verified, properly counted and within the asset limit?
- Was all asset information recorded on page B of the DHS-1171 or the LOA2 budget?

E. NEEDS/EXPENSES

1) Needs

BEM 515 BAM 825

- Does the current budget include all eligible members?
- If the grantee is an SSI recipient, is the group receiving the correct allowance for the remaining group members?
- Is the program type and/or person class coded correctly?
- If information in the case indicates the client has a need, was medical transportation explored and documented?

2) Expenses

BEM 544, 545, 554, 556

- If the shelter expense includes a housing subsidy, does the food assistance (FAP) budget allow only the client's portion?
- Were the correct shelter expenses allowed in the FAP budget?
- If more than one group lives in the same residence and shares the cost of heat, was the heat and utility standard divided among the number of groups?
- Is the FAP case properly coded to determine the correct excess shelter allowance for a senior/disabled/veteran (SDV) household member?
- For MA, were medical expenses including LTC, personal care, old bills, and current bills used to determine eligibility for past months, the processing month and future months?
- For Group 2 MA, was the correct cost of health insurance and Medicare premiums paid by the medical group added to the protected income level?

3) Deductions (Food Assistance)

BEM 554

- Are allowable medical expenses deducted for SDV household members?
- Are all allowable unreimbursed dependent care expenses being budgeted?

F. INCOME

1) Earned

BEM 500, 517, 518, 530, 535, 540, 541, 545, 549, 550, 552

- Was the reported earned income consistent with other case documents such as DHS-1171, MRS forms, tape matches, DHS-38, pay stubs, etc.? If no, were inconsistencies clarified and documented?
- If there is a responsible relative in the home, was an income test done and was income properly deemed to the group?
- Was all countable earned income verified, and were the correct dates and amounts used?
- Was ONLY countable earned income budgeted, including tips?

2) Unearned

BEM 500, 517, 518, 530, 535, 540, 541, 545, 549, 550, 552

- Was the reported unearned income consistent with case documents, such as DHS-1171, MRS forms, tape matches, DHS-32, award letters, DHS-3994, etc.? If no, were inconsistencies clarified and documented?
- If there is a responsible relative in the home, was an income test done and was income properly deemed to the group?
- Was all the countable unearned income verified, and were the correct dates and amounts used?
- Was ONLY countable unearned income budgeted, including child support rebates, refunds and reimbursements?

- Was the FIP/SDA countable income included in the food assistance budget? (check for automated recoupment)
- If the group had windfall income, was an ineligibility period calculated correctly and the client properly notified?

3) Deductions

BEM 500, 517, 518, 535, 536, 540, 541, 554, BAM 200

- Were child care expenses reported, verified and allowed?
- Are all allowable expenses deducted from self-employment income and rental income?
- Was the child support paid by a group member, up to the monthly court-ordered amount (excluding arrearage), allowed as a deduction?
- If there is a dependent relative in the home, was the income test done and income properly diverted?
- When budgeting child support received by the client, was \$50 excluded from each month's support payment (FIP and FIP-related MA only)?

G. MISCELLANEOUS FACTORS

1) Case Record Organization

BAM 300

- Were materials correctly packeted?
- Were obsolete materials obsoleted?

BAM 425, 505

- Is a signed DHS-560 in the eligibility packet?
- If client requested vendoring, was vendoring initiated?
- If warrants were credited, was the provider(s) notified?

**3) Overissuance/
Underissuance****BAM 405, 406, 700, 705, 710, 715, 720, 725**

- If there was an overissuance or underissuance, was the appropriate recoupment/supplement action taken?
- Was the entire period of misissuance addressed and corrected budgets completed?
- Were the required notices sent to the client?
- Was CIMS appropriately coded for the misissuance?

**4) Emergency
Assistance****SER Manual**

Note: Some of the questions listed below may be addressed under factors A through F of the reading form.

The questions which are unique to SER are addressed here.

- Is there a current signed DHS-1514 and DHS-1171 in the case?
- Was the emergency request registered timely?
- Is the emergency a covered service?
- Were repeat request criteria and required payments correctly determined and documented?
- Will the payment resolve the emergency?
- If the emergency was approved, did the case meet the asset limit?
- Was the need verified and documented?
- Was all projected income for the 30-day budget period used in doing the budget?
- Does the requested need meet the affordability criteria?

- If there was excess income and/or cash assets, did the client make the copayment?
- Were potential resources explored and necessary repay agreements signed?
- Was the amount authorized within the maximum allowed?
- If an exception was granted, is the necessary documentation in the case?
- Was the client sent a DHS-1419?